'FILE'NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P20070 (
1. Corporation Name
DAVIS STOKES CHILTON COLLABORATIVE, P.C. (9)

FILED Apr 02 1998 8:00am Secretary of State



							<u> </u>
Principal Place	e of Business	Mailing Address			, , , , , , , , , , , , , , , , , , , ,		
2244 METRO CENTER BLVD. 2244 METRO CENTER BL			ILVD.				
SUITE 208		SUITE 208		DO NOT MICH	DO NOT WOITE IN THIS SPACE		
NASHVILLE TN 37228		NASHVILLE TN 37228		DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 07/15/1988 	,	
A D C C C C C C C C C C	1	So Malling Address			4, FEI Number		Applied For
	lace of Business	2a. Mailing Address			62-1247874		Not Applicable
21 Cuita Ant	# 010	Suite, Apt. #, etc.			02 1241014	_ 60	.75 Additional
Suite, Apt. #, etc.		<u>}</u> -		Certificate of Status Desired	1 1 7 7	ee Required	
22 City & State		City & State		6. Election Campaign Financing			
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	intry	8. This corporation owes or has		
24	25	29	30	•	Personal Property Tax due Ju	` <u>,,</u> `	
24	g. Name and Address of Curren		1001		10. Name and Address of New I		
OL	IVER, BARRY			81 Name			
	00 NW 33RD AVENUE			82 Street Add	Corporation System	toblo)	
SUITE 206					ress (P.O. Box Number is Not Acceptable) O South Pine Island Road		
FORT LAUDERDALE FL 33309				83			
. •	2 10 52 10 10 10 10 10 10 10 10 10 10 10 10 10						
				64 City	antation	FL 85	Zip Code 33324
11, Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	des the a		nametian authority this statement for the	a purpose of shape	ning ite registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by the corpora	ntion's board of directors. I hereby acc	cept the appointme	int as registered
\ \	im familiar with, and accept the oblig	ations of, Section 607.0505, F	Corror	uces. Spation St	ystem, Mary R. Adams	3-30-90 \$\$\$t \$6	ac.
SIGNATURE	Signature, typed or printed name of registered age		_	d Agent signature requ		DATE	~
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	P	DELETE	1.1 TI	TLE		□ Cr	
NAME	STOKES, WILLIE		1.2 N	AME			
STREET ADDRESS	5800 GREENBRIAR ROAD		135	TREET ADDRESS			
CITY-ST-ZIP	FRANKLIN TN			ITY-ST-ZIP			
TITLE		DELETE	2.1 T			☐ Ci	nange Addition
NAME	DAVIS, JOHN W.		2.2 N	AME			
STREET ADORESS	211 WILDCREEK ROAD			TREET ADDRESS			
CITY-ST-ZIP	SHELBYVILLE TN			CITY+ST-ZIP			
TITLE	S	DELETE	3.1 7			Ci	nange Addition
NAME	CHILTON, IRA A.		3.2 N				
STREET ADDRESS	3506 BYRON AVENUE			TREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			CITY-ST-ZIP			
TITLE		DELETE	4.1 T			CI	nange Addition
NAME				NAME			
STREET ADDRESS				TREET ADDRESS			
				HTY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 T		###	CI	hange Addition
NAME			5.2 N				
	İ			TREET ADDRESS			
STREET ADDRESS				1			
CITY-ST-ZIP	 	DELETE	54 C	STY-ST-ZIP		□ CI	hange Addition
TITLE	Į	בַ ייננוני					
NAME	[IAME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	postific that the information supplied	with this filling does not qualify	for the 640	CITY-ST-ZIP	n Section 119.07(3)(i), Florida Statute	s. I further certify th	at the information
14, i hereby	certify that the information supplied v	viin mis ming does not quality	TOT LITE BX	emplion stated I	we shall have the same local affect a	s. I fullifier contry to	ath: that I am an

or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in a management with an address.